06/10/2009 13:31

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines Massachusetts Republican State Congressional Committee 85 Merrimac Street, Suite 400 ADDRESS (number and street) Check if different than previously **Boston** MA 02114 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE A CITY A IS THIS NEW **AMENDED** C00042622 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 07 0 1 2007 07 3 1 2007 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Brent Andersen Type or Print Name of Treasurer Electronically Filed by Brent Andersen 06 10 2009 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Massachusetts Republican State Congressional Committee [®] D D 0.7 0.7 0 1 2007 3 1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 9164.06 Ž007 January 1 (b) Cash on Hand at 4916.41 Begining of Reporting Period 58702.10 408861.36 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 63618.51 418025.42 6(a) and 6(c) for Column B) 34650.44 389057.35 Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 28968.07 28968.07 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 70548.44 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Massachusetts Republican State Congressional Committee

0 1 м м 0 7 2 0 0 7 м м 0 7 3^D1 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 292150.00 52305.00 (i) Itemized (use Schedule A) 5750.00 95243.17 (ii) Unitemized (iii) TOTAL (add 58055.00 387393.17 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 16801.73 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 58055.00 404194.90 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 647.10 2903.24 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 0.00 1763.22 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 58702.10 408861.36 12, 13, 14, 15, 16, 17, and 18(c)) 20. Total Federal Receipts 58702.10 408861.36 (subtract Line 18(c) from Line 19)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Shared Federal/Non-Federal	Į.	
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	21236.94	255072.27
	Expenditures	21230.94	255073.37
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	21236.94	255073.37
2.	Transfers to Affiliated/Other Party	0.00	00000.00
3.	Committees	0.00	20000.00
•	Federal Candidates/Committeesand Other Political Committees	0.00	0.00
1.	Independent Expenditure	0.00	
	(use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party	0.00	0.00
	(use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	.13		
	Loans Made	0.00	0.00
ŏ.	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements	0.00	0.00
0	Federal Election Activity (2 U.S.C 431(20))		
٥.	(a) Shared Federal Election Activity		
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "I ovin" Chara	0.00	0.00
	(ii) "Levin" Share		5.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	13413.50	113983.98
	(c) Total Federal Election Activity (add	13413.50	113983.98
	Lines 30(a)(i), 30(a)(ii) and 30(b))	10+10.30	110000.90
١.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	34650.44	389057.35
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	34650.44	389057.35

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
al Contributions (other than loans) m Line 11(d), page 3)	58055.00	404194.90
 al Contribution Refunds m Line 28(d))	0.00	0.00
Contributions (other than loans) btract Line 34 from Line 33)	58055.00	404194.90
al Federal Operating Expenditures d Line 21(a)(i) and Line 21(b))	21236.94	255073.37
sets to Operating Expenditures m Line 15, page 3)	647.10	2903.24
Operating Expenditures btract Line 37 from Line 36)	20589.84	252170.13

FE6AN026

Form/Schedule: F3XA

Transaction ID:

ALL ACTIVITY WAS SOLELY RELATED TO MASS.REPUBLICAN PARTY ACTIVITY. NO ACTIVITY INVOLVED A CANDIDATE. NO MAILINGS OR OTHER ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE. NO ACTIVITY MENTIONED ANY OTHER FEDERAL CANDIDATE.

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	f	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 1
0	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not ne name and address	be sold or used by any pers s of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Massachusetts Republican State Co	ngressional Comi	mittee	
	Otto Anderson Mailing Address 43 Fernwood Avenue			Date of Receipt
	Walling Address 43 Ferriwood Averlue	;		07 24 2007
	City	State	Zip Code	Transaction ID: 70809.C165960
	Bradford	MA	01835	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Retired	Occupation Retired		Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 200.00	
_	Full Name (Last, First, Middle Initial) Christopher Bramley			Date of Receipt
	Mailing Address 7 Pinecrest Dr.			07 31 7 2007
	City	State	Zip Code	Transaction ID: 70809.C166030
	Westborough	MA	01581	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Retired	Occupation Retired		Receipt
	Receipt For:	Aggregate Yea	ar-to-Date ▼	_
	Primary General Other (specify) ▼		200.00	
_	Full Name (Last, First, Middle Initial) Edward Chesnul	1		Date of Receipt
	Mailing Address 26 Bellevue Avenue			07 19 7 2007
	City	State	Zip Code	Transaction ID: 70809.C165864
	Brockton	MA	02302	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Retired	Occupation Retired		Receipt
	Receipt For:	Aggregate Yea	ar-to-Date ▼	_
	Primary General Other (specify) ▼		200.00	
Г	SUBTOTAL of Receipts This Page (optional)			300.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 43 (check only one) X 11a
4	ny information copied from such Reports and r for commercial purposes, other than using the	Statements mane name and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Cor	ngressional C	ommittee	
	Full Name (Last, First, Middle Initial) John Cornish			Date of Receipt
	Mailing Address 106 Clyde St.			07 19 2007
	City <u>Newton</u>	State MA	Zip Code 02467	Transaction ID: 70809.C165858 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Retired	Occupation Retired	n	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
_	Full Name (Last, First, Middle Initial) Nancy Crate			Date of Receipt
	Mailing Address 890 Hale Street DO NOT MAIL			07 DD / YYYY 23 2007
	City	State	Zip Code	Transaction ID: 70809.C165916
	Beverly Secretary Countries and Secretary	MA	01915	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		8000.00
	Name of Employer At Home	Occupation At home		Receipt
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		8000.00	
_	Full Name (Last, First, Middle Initial) John Cruz			Date of Receipt
	Mailing Address 123 North Elm St.			07 19 2007
	City West Bridgewater	State MA	Zip Code 02379	Transaction ID: 70809.C165868
	FEC ID number of contributing federal political committee.	C	02379	Amount of Each Receipt this Period 100.00
	Name of Employer Consolidated Plumbing	Occupation Plumber		Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 200.00	
	SUBTOTAL of Receipts This Page (optional)			8300.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Ctatamanta ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 43 (check only one) X 11a
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and some for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Con	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Robert Danner Mailing Address 48 Seabury Point Roa	ad State	Zip Code	Date of Receipt M M
	Duxbury FEC ID number of contributing federal political committee.	MA C	02332-5203	Amount of Each Receipt this Period 100.00
	Name of Employer Retired Receipt For: Primary General Other (specify) ▼	Occupation Retired Aggregate	e Year-to-Date ▼	Receipt
— В.	Full Name (Last, First, Middle Initial) Nelson Darling Mailing Address 74 Beach Bluff Ave.	<u> </u>		Date of Receipt 0 7 2 4 2 0 0 7
	City Swampscott FEC ID number of contributing	State MA	Zip Code 01907	Transaction ID: 70809.C165961 Amount of Each Receipt this Period
	Name of Employer Retired	Occupation Retired	n	Receipt 100.00
	Receipt For: Primary General Other (specify) ▼	_ '	e Year-to-Date ▼ 350.00	
- C.	Full Name (Last, First, Middle Initial) Richard Finn Mailing Address 6 Blueberry Lane			Date of Receipt 0 7 3 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 70809.C166028
	Lexington FEC ID number of contributing federal political committee.	C	02420	Amount of Each Receipt this Period 100.00
	Name of Employer Retired	Occupation Retired	n	Receipt
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 200.00	
ſ	SUBTOTAL of Receipts This Page (optional) .			300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 43 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cong	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Madeline Gregory Mailing Address 300 Summer St DO NOT CALL re EVE City Westwood FEC ID number of contributing federal political committee. Name of Employer At Home Receipt For: Primary General Other (specify)	State MA C Occupation At Home	Zip Code 02090 1 (Housewife) Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Transaction ID: 70809.C165851 Amount of Each Receipt this Period 1800.00 Receipt
Full Name (Last, First, Middle Initial) Frederick Hafer Mailing Address 1010 Waltham Street Apt. H291 City Lexington FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State MA C Occupation Retired Aggregate	Zip Code 02421 1 Year-to-Date ▼ 200.00	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dola Hamilton Stemberg Mailing Address 5 Louisburg Square City Boston FEC ID number of contributing federal political committee. Name of Employer At Home Receipt For: Primary General Other (specify)	State MA C Occupation Homema Aggregate		Date of Receipt M M M 24 2007 Transaction ID: 70809.C166000 Amount of Each Receipt this Period 15000.00 Receipt
SUBTOTAL of Receipts This Page (optional)			16900.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	for each ca	ate schedule(s) ategory of the ummary Page	FOR LINE NUMBER: PAGE 11 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cong	name and address of any po	r used by any persor olitical committee to s	n for the purpose of soliciting contributions solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) James Heigham Mailing Address 62 Orchard St. City Belmont FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State Zip Code MA 02478 C Occupation Information Requeste Aggregate Year-to-Date	ed	Date of Receipt M M J D D 2007 Transaction ID: 70809.C165870 Amount of Each Receipt this Period 100.00 Receipt
3.	Full Name (Last, First, Middle Initial) Mark Helman Mailing Address 27 Edgewood Road City Wayland FEC ID number of contributing federal political committee. Name of Employer Information Requested Receipt For: Primary General Other (specify)	State Zip Code MA 01778 C Occupation Information Requeste Aggregate Year-to-Date	ed	Date of Receipt M M J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
 C.	Full Name (Last, First, Middle Initial) Michael A. Howland Mailing Address Howland Development 155 West Street City Wilmington FEC ID number of contributing federal political committee. Name of Employer Howland Development Receipt For: Primary General Other (specify)	Company State Zip Code MA 01887 C Occupation real estate Aggregate Year-to-Date		Date of Receipt M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	JBTOTAL of Receipts This Page (optional)		·····	450.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 43 (check only one) X
Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	tatements may name and add	r not be sold or used by any perso lress of any political committee to	on for the purpose of soliciting contributions
Massachusetts Republican State Cong	ressional Co	ommittee	
Full Name (Last, First, Middle Initial) Clarice Hunter			Date of Receipt
Mailing Address 423 Halsey Street First Floor			07 31 7 907
City <u>Broo</u> klyn	State NY	Zip Code 11233	Transaction ID: 70809.C166029 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Information Requested	Occupation Information	on Requested	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 200.00	
Full Name (Last, First, Middle Initial) George Kariotis			Date of Receipt
Mailing Address 8 Poets Path			07 19 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Wayland	State MA	Zip Code 01778	Transaction ID: 70809.C165877 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	01770	100.00
Name of Employer Retired	Occupation Retired	١	Receipt
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Jeanne Kaufmann			Date of Receipt
Mailing Address 101 Oakley Rd. DO NOT CALL			$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Belmont	State MA	Zip Code 02478	Transaction ID: 70809.C166003 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Best Effort Sent	Occupation Best Effo		Receipt
Receipt For: Primary General Other (specify) ▼	. '	Year-to-Date ▼ 200.00	
SUBTOTAL of Receipts This Page (optional)	1		300.00
TOTAL This Period (last page this line number of	only)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 1
A OI	ny information copied from such Reports and for commercial purposes, other than using the	Statements made and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Cor	ngressional C	ommittee	
	Full Name (Last, First, Middle Initial) Rita Kechejian Mailing Address 50 Fairview Ave.			Date of Receipt
	50 FailView Ave.			07 25 2007
	City	State	Zip Code	Transaction ID: 70809.C166005
	Brockton FEC ID number of contributing	C	02301	Amount of Each Receipt this Period 50.00
	federal political committee.			
	Name of Employer At Home	Occupatio Homema		Receipt
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	1
	Other (specify) ▼		200.00	
	Full Name (Last, First, Middle Initial) Robert Lawrence			Date of Receipt
	Mailing Address 24 Jackson Pond Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 70809.C165845
	Dedham	MA	02026	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Retired	Occupatio Retired	n	Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial) Doris Lewald			Date of Receipt
	Mailing Address 1010 Broadway PO Box 187			M M / D D / Y Y Y Y Y O T O T O T O T O T O T O T O
	City	State	Zip Code	Transaction ID: 70809.C166031
	Hanover	MA	02339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Retired	Occupatio Reitred	n	Receipt
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		200.00	
Г		1		650.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 11
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cor	e name and add	dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Ann Loudermilk Mailing Address 109 Nevin Road DO NOT MAIL City Weymouth FEC ID number of contributing federal political committee. Name of Employer South Shore Hospital Receipt For: Primary General Other (specify)	State MA C Occupation Doctor Aggregate	Zip Code 02190 n e Year-to-Date ▼ 200.00	Date of Receipt M M M
Full Name (Last, First, Middle Initial) Salvatore Luciano Mailing Address 8 Rodney Rd City Peabody FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State MA C Occupation Retired Aggregate	Zip Code 01960 nn e Year-to-Date ▼	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Walter Meier Mailing Address 532 Main St City Chatham FEC ID number of contributing federal political committee. Name of Employer Chatham Jewelers Inc Receipt For: Primary General Other (specify)	State MA C Occupation Merchan Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional) .			300.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Con	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Paul Michitson Mailing Address 12 Nancy Ann Lane			Date of Receipt
	DO NOT MAIL IN 200	7		07 24 2007
	City	State	Zip Code	Transaction ID: 70809.C165994
	Merrimac FEC ID number of contributing federal political committee.	C	01860	Amount of Each Receipt this Period 50.00
	Name of Employer Retired	Occupation Retired	n	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ 3.	Full Name (Last, First, Middle Initial) Robert Mundie Mailing Address 44 Ryefield Road	1		Date of Receipt 0 7 2 5 2 0 0 7
	City	State	Zip Code	Transaction ID: 70809.C166001
	Fitchburg	MA	01420	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Information Requested	_ '	ion Requested	Receipt
	Receipt For: Primary General Other (specify) ♥	Aggregate	e Year-to-Date ▼ 300.00	
-).	Full Name (Last, First, Middle Initial) James OBrien			Date of Receipt
	Mailing Address Nixon Peabody, LLP P.O. Box 31051			07 24 2007
	City	State	Zip Code	Transaction ID: 70809.C165919
	Rochester	NY	14603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		225.00
	Name of Employer Information Requested	, '	ion Requested	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 225.00	
	SUBTOTAL of Receipts This Page (optional)	1		375.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 11
, A	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma ne name and ad	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	Massachusetts Republican State Con	ngressional C	Committee	
	Full Name (Last, First, Middle Initial) Albert Paladino Mailing Address 12 Wachusett Rd.			Date of Receipt
	Walling Address 12 Wachusell Rd.			07 24 2007
	City	State	Zip Code	Transaction ID: 70809.C165957
	Chestnut Hill	MA	02467	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self-Employed	Occupation Venture	n Capitalist	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 200.00	
_	Full Name (Last, First, Middle Initial) Rick Pedone			Date of Receipt
	Mailing Address PO Box 31051			07 24 2007
	City	State	Zip Code	Transaction ID: 70809.C165920
	Rochester	NY	14603	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		275.00
	Name of Employer Nixon Peabody LLP	Occupation Attorney	n	Receipt
	Receipt For:	Aggregate	e Year-to-Date 🔻	
	Primary General Other (specify) ▼		275.00	
_	Full Name (Last, First, Middle Initial) Frank Pickering			Date of Receipt
	Mailing Address 18 Strawberry Hill La	ne		07 24 2007
	City	State	Zip Code	Transaction ID: 70809.C165936
	Danvers	MA	01923	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Retired	Occupation Retired		Receipt
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General Other (specify) ▼		300.00	
Γ	SUBTOTAL of Receipts This Page (optional)	1		425.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 43 (check only one) X
A	ny information copied from such Reports and St r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cong	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Rosmarie Scully Mailing Address 30 Somerset Street DO NOT MAIL DUP City Belmont FEC ID number of contributing federal political committee. Name of Employer Scully Signal Co. Receipt For:	State MA C Occupation Manufact Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_ 3.	Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Steven Snider Mailing Address 114 Shornecliffe Road		1000.00	Date of Receipt
	City Newton FEC ID number of contributing federal political committee. Name of Employer Pyramis Global Advisors Receipt For: Primary General Other (specify)		Zip Code 02458-2421 n Manager e Year-to-Date ▼ 5000.00	Transaction ID: 70809.C165917 Amount of Each Receipt this Period 5000.00 Receipt
 C.	Full Name (Last, First, Middle Initial) Lee Sprague Mailing Address 89 Mount Vernon St. City Boston FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)		Zip Code 02108 n ate Mngr/Dir 2 Year-to-Date ▼ 1255.00	Date of Receipt M M M O 9 2007 Transaction ID: 70709.C165839 Amount of Each Receipt this Period 1255.00 Receipt
	SUBTOTAL of Receipts This Page (optional)			7255.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
C	any information copied from such Reports and r for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) Massachusetts Republican State Cor	ngressional C	Committee	
۸.	Full Name (Last, First, Middle Initial) Gerard Townsend Mailing Address 34 Proctor St.			Date of Receipt
		Obsta	7's Oads	07 23 2007
	City Manchester	State MA	Zip Code 01944	Transaction ID: 70809.C165887 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Investme	on ent Manager/Trustee	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 600.00	
 3.	Full Name (Last, First, Middle Initial) Clayton Trefry	1		Date of Receipt
	Mailing Address 4712 Scotts Mill Ct.			07 24 2007
	City	State	Zip Code	Transaction ID: 70809.C165959
	Saugus FEC ID number of contributing federal political committee.	C	01906	Amount of Each Receipt this Period
	Name of Employer Retired	Occupation Retired	on	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date 200.00	
- }.	Full Name (Last, First, Middle Initial) Raymond Tye			Date of Receipt
	Mailing Address 175 Campanelli Drive)		07 02 7 2007
	City	State	Zip Code	Transaction ID: 70706.C165821
	Braintree FEC ID number of contributing federal political committee.	C	02184	Amount of Each Receipt this Period 2500.00
	Name of Employer United Liquors, Ltd.	Occupation Chairma	on In of the Board of Direc	Receipt
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 2500.00	
	SUBTOTAL of Receipts This Page (optional)			2700.00

City State Zip Code Transaction ID: 707 0.5 12.00. City State Zip Code Transaction ID: 70706.C165825 Amount of Each Receipt this Period Period United Liquors, Ltd. Receipt For: Primary	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 43 (check only one) X
Raymond Tye Mailing Address 175 Campanelli Drive State Zip Code Transaction ID: 70706.C165825 Braintree MA 02184 M	or for commercial purposes, other than using the I	name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
Receipt Political committee. FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify) Walling Address 23 Chadwick Road City State Zip Code MA 02655-0898 Receipt Primary General Other (specify) Walling Address 23 Chadwick Road City State Zip Code Malling Address 23 Chadwick Road City State Zip Code Malling Address 23 Chadwick Road City State Zip Code Malling Address 23 Chadwick Road City State Zip Code Meston FEC ID number of contributing federal political committee. Name of Employer Receipt Dimmber of contributing federal political committee. Name of Employer Receipt Dimmber of Contributing federal political committee. Name of Employer Bain Capital Executive Receipt For: Aggregate Year-to-Date Variation Executive Receipt Receipt Transaction ID: 70809.C166026 Amount of Each Receipt this Period Receipt Receipt Receipt	Raymond Tye Mailing Address 175 Campanelli Drive City Braintree FEC ID number of contributing federal political committee. Name of Employer United Liquors, Ltd. Receipt For: Primary General	MA 02184 C Occupation Chairman of the Board of Direc Aggregate Year-to-Date ▼ 4500.00	Transaction ID: 70706.C165825 Amount of Each Receipt this Period 2000.00
Robert White Mailing Address 23 Chadwick Road City State Zip Code Weston FEC ID number of contributing federal political committee. Name of Employer Bain Capital Receipt For: Aggregate Year-to-Date Date of Receipt Transaction ID: 70809.C166026 Amount of Each Receipt this Period 10000.00	Roger Wellington Mailing Address PO Box 898 140 Garrison Ln. City Osterville FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General	MA 02655-0898 C Occupation Retired Aggregate Year-to-Date ▼	Transaction ID: 70709.C165833 Amount of Each Receipt this Period 500.00
Primary General Other (specify) ▼ 10000.00	Robert White Mailing Address 23 Chadwick Road City Weston FEC ID number of contributing federal political committee. Name of Employer Bain Capital Receipt For: Primary General	MA 02493 C Occupation Executive Aggregate Year-to-Date ▼	Transaction ID: 70809.C166026 Amount of Each Receipt this Period 10000.00
SUBTOTAL of Receipts This Page (optional)	SUBTOTAL of Receipts This Page (optional)	>	12500.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule for each category of the Detailed Summary Pag	e Check only one)
nny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Massachusetts Republican State Cor		y person for the purpose of soliciting contributions littee to solicit contributions from such committee.
, inassacinasetts riepublicari state coi	igressional committee	
Full Name (Last, First, Middle Initial) Katherine Winter Mailing Address 10 Marlborough St.		Date of Receipt
		07 25 2007
City	State Zip Code	Transaction ID: 70809.C166002
Boston	MA 02116	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00 Receipt
Name of Employer Self Employed	Occupation Homemaker	πευειμι
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	200.0	00
Full Name (Last, First, Middle Initial) Fred Wormelle		Date of Receipt
Mailing Address 38 Emerald Lane		$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: 70809.C165923
Falmouth	MA 02536	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.0	00
Full Name (Last, First, Middle Initial) George Young	_ L	Date of Receipt
Mailing Address 235 Walker St. Apt 2	52	07 23 2007
City	State Zip Code	Transaction ID: 70809.C165886
Lenox	MA 01240	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer Retired	Occupation Retired	Receipt
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	600.0	00
SUBTOTAL of Receipts This Page (optional)	1	550.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	X)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 43 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using			
NAME OF COMMITTEE (In Full) Massachusetts Republican State C	Congressional C	ommittee	
Full Name (Last, First, Middle Initial) Richard Young Mailing Address 22 Point Road			Date of Receipt M M
City Marion	State MA	Zip Code 02738	Transaction ID: 70809.C165846
FEC ID number of contributing federal political committee.	C	02730	Amount of Each Receipt this Period 1000.00
Name of Employer Welch & Forbes	Occupatio Investme	n ent Adviser	Receipt
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	•	1000.00
TOTAL This Period (last page this line number only)	<u> </u>	52305.00

A.

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 43 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any person e name and address of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Massachusetts Republican State Conç	gressional Committee	
Full Name (Last, First, Middle Initial) Watson Law Office Mailing Address 140 Great Rd.		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Bedford	State Zip Code MA 01730-	Transaction ID: 70706.C165822 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	647.10
Name of Employer	Occupation	Offsets to Operating Expenditu
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 647.10	

SUBTOTAL of Receipts This Page (optional)	>	647.10
TOTAL This Period (last page this line number only)	•	647.10

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C.

SCHEDULE B (FEC Form 3X)		arate schedule(s)			OR LIN			R:		F	AGE	23 /	43
ITEMIZED DISBURSEMENTS		category of the Summary Page		Š	_	F	22 28a	П	23 28b	24 280	_s F	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name													5
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	e and addre	ss of any political	com	ırnı	ittee to	SOIIC	it contr	ibut	ons ire	om sucr	COIT	mittee	
Massachusetts Republican State Congress	ional Con	nmittee											
Full Name (Last, First, Middle Initial) Css Castle Self-Storage									on ID:	7080 ement	9.E	9879	
Mailing Address 39 Old Colony Ave.							0 ^M 7	М	^D 3	0 /	Y	ž 0 Ŏ 7	7 ^Y
•	State MA	Zip Code 02127-					Amou	nt o	f Each	Disburs	eme	nt this	Period
Purpose of Disbursement Storage			Г	U								329.00)
Candidate Name					egory/ /pe								
Senate President	ment For: Primary Other (spe	General ecify) ▼					STOF	RAG	iΕ				
State: District: Full Name (Last, First, Middle Initial)							T		ID-	7000	0. [(2050	
Hui Jojo Deng							Date		sburse				V
Mailing Address 117 Beaconsfield Road							0 7		0	9 /		ž 0 ŏ 7	7
•	State MA	Zip Code 02445-					Amou	nt o	f Each	Disburs	eme	nt this I	Period
Purpose of Disbursement Accounting Services-General				0				_			- 4	495.00)
Candidate Name					egory/ /pe								
Senate President	ment For: Primary Other (spe	General ▼					ACCC AL	NUC	ITING	SER\	ICE	S-GE	NER-
State: District: Full Name (Last, First, Middle Initial)							T		ID-	7000	0. [()OF7	
Kirk Dobson							Date		sburse				V
Mailing Address 1209 Boylston St.							0 7		0	9 /		ž 0 ŏ 7	'
	State MA	Zip Code 02215-					Amou	nt o	f Each	Disburs	eme		
Purpose of Disbursement Reimbursement for Postage				v	- 1			_				31.95	5
Candidate Name					egory/ /pe								
Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General	'	-)	<u> </u>		REIM	BUI	RSEM	MENT F	OR	POST	AGE
State: District:		·-)) V											
SUBTOTAL of Disbursements This Page (optional) .			<u></u>		. •						8	55.95	

TOTAL This Period (last page this line number only)

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C.

SCHEDULE B (FEC Form 3X)	Use sepa	rate schedule(s)				E NUMBE	R:		PA	GE	24 / 4	43
ITEMIZED DISBURSEMENTS	for each c	ategory of the Summary Page	1-	(C	-	nly one)		23	24		25	<u>26</u>
			[27	28a		28b	28c	L	29	30
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name												;
NAME OF COMMITTEE (In Full)												
Massachusetts Republican State Congress	ional Com	mittee										
Full Name (Last, First, Middle Initial)						Trans	sacti	on ID:	70809	.E9	854	
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Purpose of Disbursement Express Mail				0			-			-	70.77	
Candidate Name					gory/							
Office Occupied Theory			Т	Гур	эе	_						
Office Sought: House Disburse Senate	ment For: Primary	General				EXPF	RES	S MA	IL			
President	Other (spec											
State: District:												
Full Name (Last, First, Middle Initial)									70809	.E9	878	
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	ment For:					EXPF	RES	S MA	IL			
Senate President	Primary Other (spec	General										
State: District:	ounce (opor	<i>></i>) / ∀										
Full Name (Last, First, Middle Initial)						Trans	sacti	on ID:	70709	.E9	846	
Fidelity FMR Corp.								isburse		, , ,		W
Mailing Address 82 Devonshire Street MS: F5F						0 ^M 7	M	[′] 0	^D / Y	Ž	0 ŏ 7	· *
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Candidate Name					gory/ oe							
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TEMIZED DISBURSEMENTS for each category of the Category Category of the Category of the Category of the Category Category of the Category of the Category Catego	TERRITED DIO	(FEC Form 3X	Use sep	parate schedule(s)	FOR LINE (check only		43
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) Name (Last, First, Middle Initial) Guardian Guardian Mailing Address Boston Group Office 1 Liberty Square City Boston Office Sought: Full Name (Last, First, Middle Initial) HPH Inc. Harvard Pilgram Heal Mailing Address 1200 Crown Colony Dr. City Guircy Name (Last, First, Middle Initial) Name (Last, First, Middle Initial) Frimacy Office Sought: Full Name (Last, First, Middle Initial) HPH Boston Office Sought: Full Name (Last, First, Middle Initial) HPH Boston Name (Last, First, Middle Initial) HPH Boston Office Sought: Full Name (Last, First, Middle Initial) HPH Boston Name (Last, First, Middle Initial) HPH Boston Office Sought: Full Name (Last, First, Middle Initial) HPH Boston Office Sought: Full Name (Last, First, Middle Initial) HPH Boston Office Sought: Full Name (Last, First, Middle Initial) HPH Boston Office Sought: Full Name (Last, First, Middle Initial) HPH Boston Name (Last, First, Middle Initial) HPH Boston Name (Last, First, Middle Initial) HEALTH INSURANCE Transaction ID: 70809, E9855 Date of Disbursement this Peric Category/ Type Office Sought: Full Name (Last, First, Middle Initial) HEALTH INSURANCE Transaction ID: 70809, E9851 Date of Disbursement this Peric Category/ Type Office Sought: Full Name (Last, First, Middle Initial) HEALTH INSURANCE Transaction ID: 70809, E9851 Date of Disbursement this Peric Category/ Type Office Sought: Full Name (Last, First, Middle Initial) HEALTH INSURANCE Transaction ID: 70809, E9851 Date of Disbursement this Peric Category/ Type Office Sought: Full Name (Last, First, Middle Initial) HEALTH INSURANCE Transaction ID: 70809, E9851 Date of Disbursement this Peric Category/ Type Office Sought: Full Name (Last, First, Middle Initial) HPH Inc. Harvard Pilgram Heal Full Name (Last, First, Middle Initial) HPH Inc. Harvard Pilgram Heal Full Name (Last, First, Middle Initial) HPH Inc. Harvard Pilgram Heal Full Name (Last, First, Middle Initial) HPH Inc. Ha			Detailed	Summary Page	X 21b 27	22 23 24 25 28a 28b 28c 29	
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Guardian Guardian Mailing Address Boston Group Office 1 Liberty Square City Boston MA 02109- Purpose of Disbursement Insurance Candidate Name Office Sought: Full Name (Last, First, Middle Initial) HPH Inc. Harvard Pilgram Heal Mailing Address 1200 Crown Colony Dr. City Quincy MA 02169- Purpose of Disbursement Mailing Address 1200 Crown Colony Dr. City Guincy Office Sought: Full Name (Last, First, Middle Initial) Merchants Bankcard Marchants Bankcard Mailing Address Fleet Bank 100 Federal Street City Boston MA 02110- Purpose of Disbursement Category/ Type Amount of Each Disbursement this Peric Category/ Type Transaction ID: 70809, E9855 Date of Disbursement this Peric Office Sought: Full Name (Last, First, Middle Initial) Merchants Bankcard Mailing Address Fleet Bank 100 Federal Street City Boston MA 02110- Purpose of Disbursement Category/ Type CREDIT CARD FEE CREDIT CARD FEE							3
Mailing Address Boston Group Office 1 Liberty Square City Boston MA 02109- Purpose of Disbursement Insurance Candidate Name Office Sought: House Disbursement For: Senate Primary General Office Primary General Mailing Address 1200 Crown Colony Dr. City Quincy State Zip Code Other (specify) ▼ City Quincy State Zip Code Other (specify) ▼ City State Zip Code Other (specify) ▼ Category/ Type Category/ Type Amount of Each Disbursement this Peric Other (specify) ▼ Amount of Each Disbursement Other (specify) ▼ Amount of Each Disbursement this Peric Other (specify) ▼ Category/ Type Category/ Type Category/ Type Category/ Type HEALTH INSURANCE Transaction ID: 70809.E9851 Date of Disbursement this Peric Other (specify) ▼ Amount of Each Disbursement this Peric Other (specify) ▼ Amount of Each Disbursement this Peric Other (specify) ▼ Category/ Type Categor	NAME OF COMM	ITTEE (In Full)					
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City State Zip Code MA	Mailing Address		ce			$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} 7^{M} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ O \end{smallmatrix} 1 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y \\ 2 \end{smallmatrix} 0 \overset{Y}{0} 7 \\ \end{smallmatrix}$	7 ^Y
Cardidate Name Category/ Type Office Sought: House Senate Prisadent State: District: Full Name (Last, First, Middle Initial) HPH Inc. Harvard Pilgram Heal Mailing Address 1200 Crown Colony Dr. City State Zip Code MA 02169- Purpose of Disbursement Health Insurance Candidate Name Office Sought: House Primary General Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) Merchants Bankcard Mailing Address Fleet Bank 100 Federal Street City State Zip Code MA 02110- Purpose of Disbursement Fell Name (Last, First, Middle Initial) Merchants Bankcard Mailing Address Fleet Bank 100 Federal Street City Boston MA 02110- Purpose of Disbursement Credit Card Fee Candidate Name Credit Car							
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Office Sought:	Candidate Name						
Full Name (Last, First, Middle Initial) HPH Inc. Harvard Pilgram Heal Mailing Address 1200 Crown Colony Dr. City Quincy State Zip Code Quincy Purpose of Disbursement Health Insurance Candidate Name Office Sought: House Primary President State: District: Full Name (Last, First, Middle Initial) Merchants Bankcard Mailing Address Fleet Bank 100 Federal Street City Boston Purpose of Disbursement City Boston City City City City City City Boston City Code MA O2110- Category/ Type Amount of Each Disbursement this Perio Category/ Type HEALTH INSURANCE Transaction ID: 70809.E9851 Date of Disbursement District: Date of Disbursement Office Sought: City Boston Category/ Type CREDIT CARD FEE		Senate President	Primary			INSURANCE	
HPH Inc. Harvard Pilgram Heal Mailing Address 1200 Crown Colony Dr. City State Zip Code Quincy MA 02169- Purpose of Disbursement Health Insurance Candidate Name Office Sought: House Senate Primary General President State: District: Full Name (Last, First, Middle Initial) Merchants Bankcard Mailing Address Fleet Bank 100 Federal Street City State Zip Code MA 02110- Purpose of Disbursement For: District: District: Amount of Each Disbursement this Peric Category/ Type Transaction ID: 70809.E9851 Date of Disbursement Office Sought: Amount of Each Disbursement this Peric Category/ Type City State Zip Code MA 02110- Purpose of Disbursement Credit Card Fee Candidate Name Disbursement For: Category/ Type Category/ Type CREDIT CARD FEE CREDIT CARD FEE						T ID 70000 F00FF	
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Quincy MA 02169- Purpose of Disbursement Health Insurance Category/ Type Candidate Name Category/ Type Office Sought: House Senate President President 	Mailing Address	1200 Crown Colon	y Dr.			$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 9 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{bmatrix} 7$	7 ^Y
Purpose of Disbursement Health Insurance Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Merchants Bankcard Mailing Address Fleet Bank 100 Federal Street City State Zip Code Boston MA 02110- Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Category/ Type Transaction ID: 70809.E9851 Date of Disbursement Office Sought: Category/ Type Category/ Type CREDIT CARD FEE CREDIT CARD FEE						Amount of Each Disbursement this F	Perio
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Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Merchants Bankcard Mailing Address Fleet Bank 100 Federal Street City Boston MA 02110- Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ CREDIT CARD FEE CREDIT CARD FEE	Candidate Name						
Full Name (Last, First, Middle Initial) Merchants Bankcard Mailing Address Fleet Bank 100 Federal Street City Boston MA 02110- Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: House Senate Primary General Other (specify) Transaction ID: 70809.E9851 Date of Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type CREDIT CARD FEE CREDIT CARD FEE	-	Senate President	Primary		,	HEALTH INSURANCE	
Mailing Address Fleet Bank 100 Federal Street City State Zip Code Boston MA 02110- Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: House Senate Primary General President Other (specify) ▼ Category/ Type CREDIT CARD FEE	Full Name (Last, F	irst, Middle Initial)					
City State Zip Code MA 02110- Purpose of Disbursement Credit Card Fee Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Total Card Fee Credit Card Fee Candidate Name Category/ Type CREDIT CARD FEE	Mailing Address					$\begin{bmatrix} \begin{smallmatrix} M & 7 & M \\ 0 & 7 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 0 \end{smallmatrix} 7$	7 ^Y
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Office Sought: House Disbursement For: CREDIT CARD FEE		sement				35.00)
Senate Primary General President Other (specify) ▼	Candidate Name						
	Office Sought:	Senate	Primary			CREDIT CARD FEE	
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Detailed Summary Page	SCHEDULE B (FEC Form 3X) TEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	NUMBER: PAGE 26 / 43 y one)
NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) NAME OF COMMITTEE (In Full) Name (Last, First, Middle Initial) Merchants Bankcard Mailing Address Fleet Bank 100 Federal Street City Sharts Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: House Boston Mailing Address Fleet Bank 100 Federal Street City Sharts Primary General Other (specify) Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: House Boston Mailing Address Fleet Bank 100 Federal Street City Boston Category/ Type CREDIT CARD FEE		Detailed	Summary Page	27	28a 28b 28c 29
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee Full Name (Last, First, Middle Initial) Merchants Bankcard Mailing Address Fleet Bank 100 Federal Street City State Zip Code Boston MA 02110- Purpose of Disbursement Credit Card Fee Candidate Name Office Sought: House Senate President 100 Federal Street City State: District: Full Name (Last, First, Middle Initial) Mailing Address Fleet Bank 100 Federal Street City State: Disbursement Credit Card Fee Candidate Name Office Sought: House Senate President 100 Federal Street City State: Disbursement Credit Card Fee Candidate Name Office Sought: House Senate President 100 Federal Street City State: Disbursement Credit Card Fee Candidate Name Office Sought: House Senate President 100 Federal Street City State: District: Full Name (Last, First, Middle Initial) Mailing Address Fleet Bank 100 Federal Street Office Sought: House President President Other (specify) ▼ Category' Type CREDIT CARD FEE CREDIT CARD FEE CREDIT CARD FEE Transaction ID: 70809, E9850 Date of Disbursement this Peric Date of Disbursement Credit Card Fee Candidate Name Office Sought: House Senate President Name Other (specify) ▼ Category' Type CREDIT CARD FEE Office Sought: House President Peris General Office (specify) ▼ CREDIT CARD FEE					
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	v one)
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NAME OF COMMITTEE (In Full) Massachusetts Republican State Congres	sional Committee		
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City Boston	State Zip Code MA 02266-		Amount of Each Disbursement this Period
Purpose of Disbursement Payroll Taxes	02200		3477.87
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President State: District:	ement For: Primary General Other (specify)	7,	PAYROLL TAXES
Full Name (Last, First, Middle Initial)			Transaction ID: 70000 F0074
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Candidate Name	1	Category/ Type	
Senate President	ement For: Primary General Other (specify)		PAYROLL - 401 K
State: District: Full Name (Last, First, Middle Initial)			
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City Boston	State Zip Code MA 02266-		Amount of Each Disbursement this Period
Purpose of Disbursement	02200	-	313.60
Payroll- quarterly taxes Candidate Name		Category/	
Office Sought: House Disbursi Senate President	ement For: Primary General Other (specify)	Туре	PAYROLL- QUARTERLY TAXES
State: District:			
SUBTOTAL of Disbursements This Page (optional)			5714.55

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	SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE		PAGE 30 / 43			
	ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	22 23 2	24 25 26 28c 29 30b			
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	NAME OF COMMITTEE (In Full)							
	Massachusetts Republican State Congressi	ional Committee						
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Α.	Staples, Inc.			Date of Disbursement				
	Mailing Address Staples Credit Plan Dept. 80 - 0088936796			07	^Y 2007			
	,	State Zip Code IA 50368-9020		Amount of Each Disbu				
	Purpose of Disbursement Office Supplies				94.02			
	Candidate Name		Category/ Type					
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SUBTOTAL of Disbursements This Page (optional)	•	533.34
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SCHEDULE B (FEC Form	SCHEDULE B (FEC Form 3X) \Box		Use separate schedule(s)				NE NUMBER: PAGE 31 / 4 only one)					3	
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Massachusetts Republican Sta	te Congress	sional Cor	nmittee										
Full Name (Last, First, Middle Initial) Kirk Dobson							Date o	of Dis	sburse).E98	59	
Mailing Address 1209 Boylsto	n St.						0 ^M 7	M /	^D 1	2 /	ž () Ď 7	Y
City Boston		State MA	Zip Code 02215-				Amou	nt of	Each	Disburse	-		eriod
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\	COMMITTEE (In Full)									
/ Massachu	setts Republican State Congre	essional Committe	ee							
Full Name (I	Last, First, Middle Initial)				Transac	tion ID: 708	09.F9869			
Brian Dod	ge				Date of	Disbursement				
Mailing Add	ress 10 Parker Road				07	⁷ 26 ⁷	žoŏ	7		
City			Code		Amount	of Each Disbu	rsement this	Period		
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Bruce Har	rison					Disbursement	03.L3033			
Mailing Add	ress 101 Elm St				0 7 M	09	200	7 ^Y		
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City Wakefield			Code 380-		Amount	of Each Disbu	rsement this	Perio		
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SCHEDULE B (FEC Form 3X)		Use separate schedule(s) for each category of the			FOR LINE (check on	NE NUMBER: PAGE 33 / 43 only one)				
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	Mailing Address 16 Oval Ro	oad					07 / 0	26 / Y	ž 0 ŏ 7	7 ^Y
	City Quincy		State MA	Zip Code 02170-			Amount of Eac	h Disburser		-
	Purpose of Disbursement Payroll				Г				1236.59)
	Candidate Name					ategory/ Type				
	Office Sought: House Senate President	Disburse	ement For: Primary Other (sp	General ecify) ▼			PAYROLL			
	State: District:	2)								
	Full Name (Last, First, Middle Initi Peter Torkildsen	aı)					Transaction II Date of Disburs	sement		
	Mailing Address 1 Stony Bro	ook Road					0 7 1 1	1 2 / Y	ž 0 ŏ 7	7 ^Y
	City Chelmsford		State MA	Zip Code 01863-			Amount of Eac	h Disburser	nent this F	Perio
	Purpose of Disbursement Payroll Candidate Name					ategory/			1245.83	3
	Candidate Name					педогу/ Туре				
	Office Sought: House Senate President State: District:	Disburse	ement For: Primary Other (sp	General ecify) ▼			PAYROLL			
	Full Name (Last, First, Middle Initi Peter Torkildsen	al)					Transaction II Date of Disburs		E9871	
	Mailing Address 1 Stony Bro	ook Road					07 / 0	26 Y	ž 0 ŏ 7	7 ^Y
	City Chelmsford		State MA	Zip Code 01863-			Amount of Eac	h Disburser		
	Purpose of Disbursement Payroll] L		1245.83	3
	Candidate Name				ategory/ Type					
	Office Sought: House Senate President	Disburse	ement For: Primary Other (sp	General			PAYROLL			
	State: District:			J / ▼						
										5

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President District:

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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NE NUMBER: PAGE 34 / 43							
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one) 22 23 24 25 26 28a 28b 28c 29 X 30b							
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full) Massachusetts Republican State Congress	sional Committee									
Full Name (Last, First, Middle Initial) Robert Willington Mailing Address 12 Arlington Street			Transaction ID: 70809.E9863 Date of Disbursement Onumber 7 Date of Disbursement Date							
•	State Zip Code MA 01867-		Amount of Each Disbursement this Period							
Purpose of Disbursement Payroll Candidate Name	C	Category/	1236.59							
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)	Туре	PAYROLL							
Full Name (Last, First, Middle Initial) Robert Willington			Transaction ID: 70809.E9872 Date of Disbursement							
Mailing Address 12 Arlington Street										
	State Zip Code MA 01867-		Amount of Each Disbursement this Period							
Purpose of Disbursement Payroll Candidate Name	C	Category/ Type	1236.59							
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		PAYROLL							

SUBTOTAL of Disbursements This Page (optional)	•	2473.18
TOTAL This Period (last page this line number only)	•	13413.50

State:

PAGE 35 / 43 **SCHEDULE D (FEC Form 3X)** (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Steve Meyers Mailing Address 1283 Main Street City ZIP Code State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11236 9891.83 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 9891.83 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11238 475.83 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 475.83 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS90508.E11245 5311.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 5311.00 15678.66 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

PAGE 36 / 43 SCHEDULE D (FEC Form 3X) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Steve Meyers Mailing Address 1283 Main Street City ZIP Code State 03444-Dublin NH Outstanding Balance Beginning This Period Transaction ID: LS90508.E11239 15.69 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 15.69 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11247 9980.45 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 0.00 9980.45 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS90508.E11240 1445.12 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1445.12 11441.26 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

PAGE 37 / 43 SCHEDULE D (FEC Form 3X) (Use separate FOR LINE NUMBER: schedule(s) **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Steve Meyers Mailing Address 1283 Main Street City ZIP Code State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11241 3.58 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3.58 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11249 3814.75 Payment This Period Amount Incurred This Period Outstanding Balance at Close of This Period 0.00 0.00 3814.75 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA SCM Associates Mailing Address Steve Meyers 1283 Main Street ZIP Code City State Dublin 03444-NH Outstanding Balance Beginning This Period Transaction ID: LS90513.E11248 3909.25 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3909.25 7727.58 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

PAGE 38 / 43 SCHEDULE D (FEC Form 3X) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street City ZIP Code State 03444-Dublin NH Outstanding Balance Beginning This Period Transaction ID: LS90513.E11251 15.37 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 15.37 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for direct mail - party related non FEA **SCM Associates** Mailing Address Steve Meyers 1283 Main Street 7IP Code City State Dublin NH 03444-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11237 9351.63 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 9351.63 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 ZIP Code City State Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11275 1250.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1250.00 10617.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

PAGE 39 / 43 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research party related Lexis-Nexis Mailing Address PO Box 7247-7090 City State ZIP Code Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11276 1250.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 1250.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for research Lexis-Nexis party related Mailing Address PO Box 7247-7090 ZIP Code City State Philadelphia PA 19170-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11277 1250.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 1250.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **ENlisson ENilsson** Original debt for IT support party related non fea Mailing Address 6 Depot Street ZIP Code City State Westford 01886-MA Outstanding Balance Beginning This Period Transaction ID: LS90513.E11301 1252.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1252.00 3752.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

PAGE 40 / 43 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for IT support party related non fea **FNlisson FNilsson** Mailing Address 6 Depot Street City State ZIP Code 01886-Westford MA Outstanding Balance Beginning This Period Transaction ID: LS90513.E11302 360.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 360.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for IT support party related non fea **ENlisson ENilsson** Mailing Address 6 Depot Street 7IP Code City State Westford MA 01886-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11303 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 411.94 0.00 411.94 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Garage Government Center Original debt for parking party related non fea Mailing Address 50 New Sudbury Street ZIP Code City State **Boston** 02114-MA Outstanding Balance Beginning This Period Transaction ID: LS90513.E11296 640.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 640.00 1411.94 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only).....

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

PAGE 41 / 43 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for parking party related non fea Garage Government Center Mailing Address 50 New Sudbury Street City State ZIP Code **Boston** MA 02114-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11295 640.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 640.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for parking party related non fea Garage Government Center Mailing Address 50 New Sudbury Street ZIP Code City State **Boston** MA 02114-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11300 640.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 640.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Payment for debt for parking party related non fea Garage Government Center Mailing Address 50 New Sudbury Street ZIP Code City State **Boston** 02114-MA Outstanding Balance Beginning This Period Transaction ID: LS90513.E11299 640.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 640.00 1920.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

PAGE 42 / 43 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Payment of debt for IT Support party related non fea mindShift Technologies, Inc. Mailing Address PO Box 200105 City State ZIP Code Pittsburgh PA 15251-Outstanding Balance Beginning This Period Transaction ID: LS70809.E9877 1696.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 1696.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for IT SuppmindShift Technologies, Inc. ort party related non fea Mailing Address PO Box 200105 7IP Code City State Pittsburgh 15251-PA Outstanding Balance Beginning This Period Transaction ID: LS90513.E11288 1696.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1696.00 0.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for IT Support party related non fea mindShift Technologies, Inc. Mailing Address PO Box 200105 ZIP Code City State Pittsburgh PA 15251-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11289 1652.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 1652.00 3348.00 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....

PAGE 43 / 43 **SCHEDULE D (FEC Form 3X)** (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Massachusetts Republican State Congressional Committee A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original debt for IT Support party related non fea mindShift Technologies, Inc. Mailing Address PO Box 200105 City State ZIP Code Pittsburgh PA 15251-Outstanding Balance Beginning This Period Transaction ID: LS90513.E11290 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 1652.00 0.00 1652.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original Debt for FEA Get Out the Vote Mailing Communication, Inc. Majority Mailing Address 274 Marconi Blvd. Suite 260 ZIP Code State City Columbus ОН 43215-Outstanding Balance Beginning This Period Transaction ID: LS90508.E11226 13000.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 13000.00